

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | DT       |        | 10-27-00 |
| O.I.P.E. CLASSIFIER       |          | 15     | 11-8-00  |
| FORMALITY REVIEW          | AA       | 96     | 12-18-00 |
| RESPONSE FORMALITY REVIEW | MT       | 593    | 04/20/01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date   |
|----------------|--------|
| Final Original |        |
| 1              | 12/21  |
| 2              | 1-1-01 |
| 3              | 1-1-01 |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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